DUPLICATES					
NAME: _	SOCIAL SECURITY #:				
CLERK INITIALS	GENERAL REQUIREMENTS Reference 46 CFR			REFERENCE	EVAL INITIALS
1. 2.	General Requirements C Signed and dated stateme				1. 2.
NOTES:					_
Evaluator's	Signature and Date	(Pending)	Evaluator's Signat	ura and Data	(Approved)
Evaluators	s Signature and Date	(1 enaing)	Evaluator 8 Signat	ure and Date	(Арргочей)

DUPLICATES NAME: SOCIAL SECURITY #: **ISSUANCE INFORMATION DECK LICENSES:** Master/Mate of steam or motor or auxiliary sail vessels of NMT _____ GRT/____ ITC upon _____ Chief/2nd/3rd Mate of steam or motor or auxiliary sail vessels of NMT GRT/_____ ITC upon _____ Master of Towing Vessels of NMT ____ GRT/___ ITC upon ____ Mate (Pilot) of Towing Vessels of NMT _____ GRT/____ ITC upon _____ Apprentice Mate (Steersman) of Towing Vessels of NMT ____ GRT/___ ITC upon _____ Operator of Uninspected Passenger Vessels upon • Radar Observer (Unlimited/Rivers) – Endorsement expires Authorized to engage in Commercial Assistance Towing • Other: **ENGINE LICENSES:** Chief/Assistant Engineer Limited Ocean/Near Coastal on steam or motor or gas turbine vessels of hp limited to vessels of NMT 1600 gross register tons (Domestic Tonnage), 3000 Gross Tons (ITC Tonnage) when operating beyond the boundary line Chief/1st/2nd/3rd Engineer on steam or motor or gas turbine vessels of _____ hp Chief/1st/2nd/3rd Engineer on steam or motor or gas turbine vessels of _____ hp Chief/1st/2nd/3rd Engineer on steam or motor or gas turbine vessels of hp • Designated Duty Engineer on steam or motor or gas turbine vessels of hp • Other: MMD: • Entry Ratings: Able Seaman: ____OSV (A01) ____Sail (A41) ____Sail (D02) ____Fast Rescue Boat (D02) Deck Eng (B07) Deck Eng Mech (B06) Electrician (B08) _____ Engineman (B10) _____ FM-WT (B25) _____ Jr. Eng (B14) _____ Machinist (B15) • OMED: ____ Refrigerating Eng (B21) Tankerman: Engineer (D32/33/34) (DL/LG/Both) Any unlicensed Rating in the Deck Dept.: ____ including AB (Z06) ____ excluding AB (Z02) Any unlicensed Rating in the Engine Dept. (B01) ___ PIC Medical Care (C66) ___ First Aid Provider (C67) LIMITATIONS: Continuity Only HIGHLIGHT IF APPLICABLE: Vision Waiver (Local) (HQ) Color Waiver Hearing Waiver Physical Waiver (Local) (HQ) **OK TO ISSUE** (Circle Credential(s) Being Issued): License **MMD STCW**